WRMA
Walter R. McDonald & Associates, Inc.

FINDINGS FROM THE

SERVICE AREA 5 FOCUS GROUPS

CONDUCTED FOR THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN
IN LOS ANGELES COUNTY

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Prepared for:
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I. Introduction

The Los Angeles County Department of Mental Health (LACDMH) is engaged in an intensive, inclusive, and multi-faceted approach to developing the County's Prevention and Early Intervention (PEI) Plan to be funded through the Mental Health Services Act (MHSA) enacted by California voters in 2004.

The focus for developing the PEI Plan is at the Service Area level, utilizing informational meetings, key stakeholder interviews, focus groups, and community forums in each of the eight geographic areas of Los Angeles County. Because each Service Area has distinct and varying populations, geography, and resources, it is critical for PEI services to be specific and responsive to regional and community-based needs.

The California Department of Mental Health (CDMH) has defined *mental health prevention* as reducing risk factors or stressors, building protective factors and skills, and increasing support to allow individuals to function well in challenging circumstances. Whereas, *mental health early intervention* involves a short duration (usually less than one year) and relatively low-intensity intervention to measurably improve a mental health problem or concern early in its manifestation and avoid the need for more extensive mental health treatment or services later.

In addition, CDMH has targeted five community mental health needs, six priority populations, and six statewide efforts for the PEI Program, and has identified seven sectors that counties must partner with to develop their PEI Plan.

This report presents the findings from the Focus Groups conducted in Service Area 5. Each service area will receive a report of the findings specific to the focus groups selected to speak on its behalf. In addition, a comprehensive final report will be produced presenting aggregate findings across all of the focus groups conducted in Los Angeles County.

II. Methodology

Participants

Each focus group was comprised of no more than 10 participants. Participants were drawn from existing groups/agencies for the purpose of participating in a discussion about the mental health service needs, barriers, and strategies in their respective communities.

- As with the Key Individual Interviews, the focus groups were selected based on Service Area representation and the categories of MHSA age group, sector, priority population, and key community mental health needs for PEI. Utilizing recommendations made from LACDMH District Chiefs, Service Area Advisory Committee (SAAC) members, and other stakeholders throughout the county familiar with the categories, LACDMH selected focus groups that qualified in at least two PEI categories.

- LACDMH identified a focus group coordinator from each community group/agency selected. The focus group coordinator sought participation in the focus group from among the agency's membership. Focus group coordinators were asked to identify and invite a diverse group of participants who could speak about service needs, barriers, and recommended strategies for their Service Area.

Participating Agencies

A total of 45 individuals from the following six agencies in Service Area 5 were asked to participate in their respective focus group:

1. Inglewood (AKA Westwood) Community Adult Day Health Care;
2. Neighborhood Youth Association, Youth Leader Program;
3. SHARE!;
4. Westside Center for Independent Living, Service Provider Network;
5. Westside Shelter and Hunger Coalition; and,
6. WISE and Healthy Aging.

- Five of the six participating agencies from which the focus groups were drawn have been in existence between 10 and 34 years. Three of these agencies support between 10 and 40 members. One agency, SHARE!, refers individuals to over 7,000 self-help group meetings throughout Los Angeles County. The Inglewood Community Adult Day Health Care did not provide information on the number of years the agency has been in existence or number of members. The Westside Center for Independent Living did not provide a total number of members.

- Across four of the six participating agencies, members ranged in age from 16 to over 60, with one participating agency representing transitional-age youth only; and two participating agencies representing adults only. WISE and Healthy Aging did not specify any age groups, and information was not available for the Inglewood Community Adult Day Health Care.

- With respect to the ethnic composition of the six participating agencies, SHARE! and WISE and Healthy Aging did not specify the ethnic composition of their general membership, and the information was not available for the Inglewood Community Adult Day Care. The Latino/Hispanic community is represented in the three remaining agencies; the African American community is represented in two of the agencies, as is the Caucasian community.

- Finally, five of the participating agencies represent the following community sectors in Service Area 5: Community Family Resource Centers, Education, Employment, Health, Individuals with Serious Mental Illness, Mental Health Service Providers, Social Services, and Underserved Communities. Sector information was not available for the Inglewood Community Adult Day Health Care.

Procedures

Each focus group coordinator worked closely with a member of the contracted consulting team to arrange focus group dates, times, and locations.

The focus groups were conducted at the organizations or agencies representing the focus group participants or other community-based locations. The focus groups were audio recorded and took about two hours to complete. Nine key questions, some of which contained sub-questions, were posed to focus group participants. The questions were designed to produce information needed to inform the PEI planning process. A copy of the Focus Group Guide can be found in **Appendix A**.

Facilitators representing LACDMH at the focus groups as a neutral third party included a team of three staff members from Walter R. McDonald & Associates, Inc. (WRMA) and their subcontractors, EvalCorp Research & Consulting, Inc. and Laura Valles and Associates, LLC. One team member facilitated the focus group, another observed and documented notes, and a third recorded participants' responses on flip charts, which participants could refer to throughout the focus group.

Focus group documentation included: a Focus Group Profile, a Focus Group Participant Profile, a signed Consent Form indicating that the focus group would be audio recorded, the observer's electronic notes, the paraphrased responses from participants, an audio recording of the focus group, and a transcript of the focus group developed from the audio recording. A report was written by the focus group team observer, summarizing the group's responses to the questions. Information from each focus group was coded so that the data could be analyzed and presented in summary format.

III. Knowledge of the PEI Planning Process

Participant Participation in the PEI Planning Process (Q1)

The first question(s) that focus group participants were asked to answer was "Have you or your group taken part in the Los Angeles County Department of Mental Health's PEI planning process? And, if so, how?" Of the 45 focus group participants, only two participants from one focus group had participated in the PEI planning process. Of those two participants one had attended SAAC 5 meetings and the other had participated in informational meetings sponsored by the LACDMH.

IV. Service Area and Priority Population Representation

Service Area (Q2)

When focus group participants were asked which service area they represented, the participants often represented multiple service areas. Of a total of 45 participants, 26 indicated that they represent Service Area 5; 17 participants represent Service Area 4; 12 participants represent Service Areas 2; 11 represent Service Area 3; 6 represent Service Area 6; 5 represent Service Area 8; and two represent service areas Countywide.

Priority Populations (Q2a)

The CDMH has identified the following six priority populations for PEI services: 1) Underserved cultural populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at risk for school failure; and, 6) Children and youth at risk of or experiencing juvenile justice involvement. Focus group participants were asked to select the priority populations they represent. As shown in **Table 1**, of the six priority populations, 78 percent of participants represent Underserved cultural populations and Individuals experiencing the onset of serious psychiatric illness; and, 76 percent represent Trauma-exposed. The smallest proportion of participants, 30 percent, represents Children and youth at-risk of or experiencing juvenile justice involvement.

It should be noted that the number of participants who identified priority populations is 27 from a total of 45 participants (see **Table 1**). The remaining 18 participants declined to select a PEI priority population that they represent.

Table 1: PEI Priority Populations

PEI Priority Populations	Number of Participants	Percent of Participants (n=27)*
Underserved cultural populations	21	78%
Individuals experiencing the onset of serious psychiatric illness	21	78%
Trauma-exposed individuals	16	76%
Children at risk of school failure	14	52%
Children/youth in stressed families	13	48%
Children/youth at-risk of or experiencing juvenile justice involvement	8	30%

*See explanation in report narrative above.

V. Community Mental Health Needs and Impacts

Mental Health Needs in the Community (Q3 and Q3a)

Each focus group participant identified the mental health needs in their community based on five MHSA categories: 1) Disparities in access to mental health services; 2) Psycho-social impact of trauma; 3) At-risk children, youth, and young adult populations; 4) Stigma and discrimination; and, 5) Suicide risk. Of the six focus groups representing Service Area 5, 76 percent of the participants indicated that Disparities in access to mental health services is a key need in the communities they serve (see **Table 2**). This result corresponds well with the large proportion of participants who indicated that they represent the priority population, Underserved cultural populations. Between 38 and 53 percent of the participants identified the remaining mental health needs.

Table 2: PEI Mental Health Needs

PEI Mental Health Need	Number of Participants	Percent of Participants (n=45)
Disparities in access to mental health services	34	76%
Stigma and discrimination	24	53%
Psycho-social impact of trauma	19	42%
Suicide risk	19	42%
At-risk children, youth, and young adult populations	17	38%

When asked to identify the top three mental health needs from among the list of five determined by CDMH, all six focus groups identified Disparities in access to mental health services as the top need (see **Table 3**). The psycho-social impact of trauma was identified as a second priority, and At-risk children, youth, and young adult populations was considered a third priority.

Table 3: Priority PEI Mental Health Needs

Priority PEI Mental Health Needs	Number of Groups (n=6)	Priority
Disparities in access to mental health services	6	1
Psycho-social impact of trauma	5	2
At-risk children, youth, and young adult populations	4	3

Impact of the Mental Health Needs on the Community (Q4)
As presented in **Table 4**, focus group participants reflected upon and relayed the negative impact that the unmet mental health needs discussed in the previous section have had on their communities. The three most highly mentioned impacts encompassed concerns about service access, mental health issues affecting community members, and the social and economic conditions facing communities.

With respect to access, stigma and discrimination were the predominant concern. Focus group participants discussed the shame and embarrassment of seeking mental health services, experiencing mental health symptoms, the fear of what others might think, and the anger and discouragement due to the insensitivity of others, including providers. Other ways in which unmet mental health needs impact community member's ability to access services involved their inability to communicate needs due to language and cultural barriers; lack of access to services and qualified professionals, resulting in worsening conditions; inability to get to services because transportation is not accessible; and costs and inability to qualify for insurance or fear of even enrolling, particularly among those who are illegal or recent immigrants. In combination, these barriers lead to frustration, missed appointments, and gaps in medication compliance that eventually result in aggravated symptoms, emergency room visits, and hospitalizations.

The rise in mental health issues is another impact on communities. Focus group participants mentioned both substance abuse in general, and depression and suicide, particularly among older adults, as key concerns in their communities. Schizophrenia and anxiety were also mentioned.

"Although we haven't experienced it in this agency, there are significant numbers of suicide risks; nevertheless, the male senior population are considered the highest risk for suicide."

"They're in the lobby when they ask questions and that isn't in a confidential manner. Dealing with the triaging and too many people … too much activity and they abandon the effort.."

The communities represented in the focus groups also are experiencing increasing rates of unemployment, homelessness, and prostitution due to undiagnosed, unaddressed, and untreated mental health needs. One participant noted that the lack of quality services to intervene on behalf of community members under these circumstances is problematic. Lack of appropriate referrals, in that services do not match client needs was mentioned, as well as inadequate attention to the client by service providers once at the mental health facility were cited as examples of declining service quality.

Some participants also pointed out that the lack of mental health education in communities contributes to the above impacts. They noted that less information is reaching communities due to poor channels of communication and outreach, resulting in lack of service utilization and worsening symptoms. In this regard, one participant shared that the Latino community is insular and there is a

stigma towards mental illness, and the culture does not realize that addiction is a disease. Consequently, parents still experience a great deal of shame, but do not consider it a disease requiring mental health intervention.

Other concerns mentioned were:

> ***"…when I worked as an advocate in my other job, …we saw a lot of kids go through the juvenile justice system because of the lack of services. They weren't receiving AB3632. They weren't being assessed. They would be expelled from school and then were placed in a residential facility, then from there they would be placed in the juvenile system. ."***

- Increased community and domestic violence, and sexual abuse.
- Increased victimization among stressed families.
- Declines in physical health in general, and increases in public health hazards such as trash, urine, feces, hoarding, scabies, and bed bugs.
- Growing numbers of juveniles and adult community members incarcerated and in need of services.
- High numbers of school drop outs.
- Breakdown in treatment compliance due to lack of wrap-around services.
- Aggravated symptoms due to hopelessness and lack of trust in mental health services among community members.
- High rates of turnover among service provider staff, especially among trainees and interns, impairing relationships with consumers and case managers.
- Inadequate support systems and resources for isolated seniors and other age groups to help bolster and maintain their social and emotional well-being.
- Lack of case management services leaves consumers without medication management training or general support as they recover.
- Inability of some children and adolescents to acculturate and/or assimilate to American culture.

> ***"People who come here as immigrants have different behavior, upbringing, and education. There must be a center which can provide some general information to help them assimilate into the society and even show them where they can get help."***

Table 4: Ways in which Mental Health Needs Impact the Community

Community Impact	Number of Mentions
Access Issues	**24**
• Stigma and Discrimination	7
• Available Services/Capacity	3
• General Service Access	3
• Cost/Insurance/Medi-Cal/Eligibility Criteria	3
• Transportation	3
• Service Linguistic/Cultural Competency	2
• Service Operations	2
• Trust	1
Mental Health Issues	**10**
• Substance Abuse	4
• Depression/Suicide Risk	4
• Specific Mental Health Issues	1
• Trauma/PTSD/Anxiety	1
Social/Economic Conditions	**5**
Outreach/Education/Awareness	**4**
Service Quality	**4**
Community/Family Violence/Abuse	**3**
Health Care Issues	**3**
Juvenile Justice Involvement/Incarceration	**3**
Staff/Provider Training/Education/Recruiting	**3**
Support System	**3**
Case Management	**2**
Immigration/Cultural Matters	**2**
Service Engagement/Benefits	**2**
Academic Outcomes	**1**
Community/Family Breakdown/Hopelessness	**1**
Self-Care/Self-esteem/Socialization	**1**
Service Integration/Continuity of Care	**1**
Other	**7**

VI. Existing and Needed Prevention Services/Resources

Existing Prevention Services/Resources (Q5)

The following is a listing of all the existing prevention services identified by participants across all six focus groups. Two of the six focus groups felt that the number of prevention services in their communities was limited.

- Alateens, program for teenage alcoholics.
- Adult Day Health Care Centers, such as Inglewood Adult Day Health Care which provides mental health services, exercise programs, and social services for the elderly.
- After school programs at schools, participants receive homework assistance, tutoring, and engage in sports activities.
- Alcoholic Center for Women.
- APLA, Aids prevention advocacy service.
- ARS (AIDS Research Services).
- Being Alive.

- Boys and Girls Club, provides safe, supervised space for extracurricular activities and sports.
- Children's Hospital.
- Church youth groups, provide activities, movies, field trips, and social gatherings.
- CLARE foundation.
- Common Ground:
    - Prevention and Education Program, high school-based teen prevention and education program in Venice and Santa Monica.
- Department of Public Social Services (DPSS), helps homeless with income issues and provides other services for a wide variety of people.
- Didi Hirsch:
    - Culver City Youth Health Clinic, offers medical and mental health screenings for depression, and domestic violence, among others.
    - Six -week crisis intervention.
- Family Development Network CARE at Home, offers mental health screening, case management, youth mentoring, and afterschool programs.
- Friendly visitors programs.
- Gay and Lesbian Center.
- Group therapy.
- Health clinics.
- Independent Living Centers and/or programs.
- Individual therapy.
- In-home case management.
- In-home support services.
- Jewish Family Services of Los Angeles:
    - Offers therapy/support groups and classes for the Iranian community;
    - Provides a peer counseling help-line, support and referral services;
    - Services individuals across all cultural and ethnic groups; and,
    - Serves youth in the Culver City Unified School District (high school and elementary).
- LAMPP.
- Mediation for people with disabilities with the Department of Rehabilitation.
- Money management programs for seniors.
- Non-profit religious organizations that run seminars and gatherings for the community.
- Neighborhood Youth Association:
    - Provides motivational opportunities, tutoring, cooking classes, photography, computers, music, science, dance, drama, judo, and nurtures personal growth.
- OAPP, allows HIV positive people to get more affordable services.
- Outreach programs.
- Parenting classes.
- Pasadena AIDS services.
- Peer counseling programs, an effective yet inexpensive prevention strategy.
- PFLAG Rainbow Bridge.
- Planned Parenthood, provides free and low cost counseling and education to early parents.
- Police Activities League.
- Recovery International, a cognitive behavioral group.
- Senior centers.
- SHARE!
- Soujourn Shelter Program, domestic violence services for children.
- St. Joseph's Center:

    - Childcare programs for children three-months to kindergarten;
    - Culinary program serving individuals 18 and over; and,
    - Housing, drug and alcohol treatment, and child services at the Venice location.
- Summer camps.
- Support groups.
- Tarzana Treatment Center, offers prevention services.
- Trevor Program for Suicidal Change, focuses on teenage suicide
- Venice Family Clinic, conducts on site assessment during medical appointments.
- Volunteers of America.
- WCIL:
    - Case managers/workers and independent living specialists;
    - Living Well program, focuses on life skills; and,
    - Personal Assistant, provides assistance, disability management, and advocacy (especially regarding employment) to persons with disabilities who simultaneously experience mental health challenges.

"[Just] having someone to talk to about the disability is very helpful; just talking helps dealing with families when you have a disability."

- Westside Infant Network (WIN, through St. Joseph's and Westside Children's Center), a collaborative focused on infant mental health and parental bonding.

<u>Needed Prevention Services/Resources</u> (Q5a)
All six focus groups identified a number of needed prevention services and/or resources as reflected by the list below. The needed prevention services are organized by type of service/resource and listed from highest to lowest number of needed services/resources cited under each service/resource type.

Specific Services and Resources

- An Iranian social service center, facilitated by culturally competent professionals, and providing a wide variety of services such as classes and support groups for youth, families, and adults; mental health and psychiatric services; case management; and, legal services in Persian and English.
- Services for pregnant women.
- Comprehensive services that cover medication.
- Meal delivery services.
- Supportive services for older adults.
- Cognitive Behavioral Therapy.
- More youth programs such as the Boys and Girls Club.
- DARE programs to discourage drinking and drug use.
- Substance abuse prevention programs.
- More dual diagnoses facilities so that people can have sober living situations.
- Senior housing communities.
- Housing Services such as eviction prevention, rental assistance, in-home housing crisis intervention via a service coordinator that lives in the building and can assist people as issues or needs arise to prevent them from losing their home or to assist with cases of domestic violence and substance abuse.
- Facilitated referrals which prevents *"falling through the cracks"* when consumers are referred from one provider to another.

Specific Strategies and Approaches

- Community resource center and support systems in every community that people can feel comfortable accessing.
- Peer-based programs for youth and adults living with mental illness.
- Sports and other constructive activities.
- Friendly visitors programs.
- Low cost housing.
- Client centered/informed approaches with individualized assessments of needs.

Outreach, Education, and Awareness Services and Resources

- More outreach and education to person's with disabilities and to the general public.
- Education for parents, including targeting mothers who are pregnant and using drugs.
- Education and training to raise awareness about the signs and symptoms of mental health.
- Translation of flyers and pamphlets in Persian to educate the community about available resources.
- Public Service Announcements (PSAs) that air on Iranian television, and radio stations that can educate the public about available resources, as well as address social, legal, and mental health issues.

Location-based Services

- Mental health services within the juvenile justice system.
- Mental health services in shelters.
- Home-based or on-site services such as triage centers for the homeless.
- In-home counseling services.

Staff and Provider Education, Training, and Recruiting

- Workplace education and training programs to raise the skill set of human resource personnel so they can identify early warning signs and provide appropriate support, resources, and referrals.
- Training and education for mental health providers who work with persons with disabilities.
- Sensitivity and cultural competency training regarding persons with disabilities across sectors.
- Recruitment of culturally competent professionals who speak Persian; placing them in existing government/non-profit agencies throughout Los Angeles County.

School Related Services

- School counselors who are competent and can provide services to young kids.
- Quality education, and motivated and caring teachers.
- Safe schools such as Santa Monica High School.

Accountability /Oversight

- Accountability in the foster care system; oversight of the funds that go to foster parents.
- Monitoring and oversight of sober living facilities.

"People are buying places and putting in 4 beds, but it might just be a flop house."

Services and Resources that Increase Access

- Accessible transportation, to include seniors with mobility problems.
- Linguistically and culturally proficient services (e.g., Spanish speaking staff).

Funding and Resources

- Funding to expand mental health services.
- Funding to hire more professionals to work at independent living centers.

Support Systems

- Supportive role models and mentors.
- Social support networks.

Service Collaboration, Partnerships, Teams

- More collaboration and cooperation among and between mental health providers.

Medication Management

- Medication management services.

Safety/Stability

- Safe spaces such as the Neighborhood Youth Association.

Services that are Integrated and Provide Coordinated and Transitional Care

- Integrated services in centralized places with case management.

Other

- Health education to include curriculum on aspects of mental health as a means of reducing stigma.
- Improving the social work system and case management.
- Cultural diversity to address the cultural and racial stereotypes that label communities as poor and bad places without hope, thereby making it difficult for children growing up in those communities.

Priority Prevention Services/Resources (Q5b)

When three of the six focus groups were asked to prioritize the needed prevention services they had listed in response to the prior question, they selected three priority services, as presented in **Table 5.** One group was reluctant to prioritize because they felt all the needed services they listed were of equal importance. Two focus groups were not asked by the focus group facilitators to prioritize prevention services.

The priorities identified by three of the six groups asked to prioritize reflected prevention services that would:

- Use media to address social issues and educate the community about mental health;
- Conduct outreach and education about mental health signs and symptoms as a means of reducing stigma and preventing symptoms from worsening, especially among persons with disabilities;
- Provide mental health services for juveniles and in shelters; and,
- Strengthen linkages related to mental health and persons with disabilities across sectors.

"Educational shows and animation, cartoons, for children can be created to address social issues and educate."

An additional priority listed by one of the focus groups was the need for more integrated services and case management. Please note that the priorities listed in **Table 5** are not listed in rank order.

Table 5: Priority Prevention Services/Resources (n=3)

Focus Group	Priority 1	Priority 2	Priority 3
Inglewood Adult Day Health Care	Utilization of the media to educate and inform the community.	No response.	No response.
SHARE!	Stigma reduction through mental health education.	Mental health services for juveniles.	Mental health services in shelters.
Westside Center for Independent Living	More outreach and education to persons with disabilities and the general public regarding mental health warning signs as a means of confronting denial and stigma which if addressed early enough prevent symptoms from worsening.	Stronger linkages between providers and other sectors regarding mental health and persons with disabilities.	Cultural sensitivity and competency training for providers who are working with persons with disabilities.

Note: Priorities not listed in rank order

"…[consumers with disabilities] don't feel supported. They don't get what they need. If [providers] are not sensitive, what happens is people who could very well work just [say] 'Forget it, I'd rather just stay at home and take advantage of whatever else I can find,'…and it's all because of the people that you encountered not having either the training or sufficient comfort level to work with those kinds of services."

Locations for Prevention Services/Resources (Q5c)

Table 6 presents the locations at which the focus group participants would like to see prevention services offered. All locations cited were mentioned once across the three focus groups responding to this question. As shown in the table, focus group participants spoke in both general and specific terms about locations. A couple of focus groups mentioned geographic locations in which to locate services (e.g., West Los Angeles and San Fernando Valley), others provided specifics such as churches, shelters, homes, and jails, among others.

Table 6: Prevention Service Locations

Prevention Service Locations	Number of Groups (n=3)*
Central and accessible places in the community	1
Churches	1
Community Shelters	1
Homes	1
Jails	1
San Fernando Valley	1
Schools	1
Senior Centers	1
West Los Angeles	1

*Three focus groups did not provide preferred locations for prevention services

VII. Existing and Needed Early Intervention Services

Existing Early Intervention Services/Resources (Q6)

The following is a listing of all the existing early intervention services identified by the participants across the six focus groups. Among the six focus groups, two found a high degree of overlap between existing prevention and early intervention services. One of the two groups, in particular, stated that both prevention and early intervention needs can be fulfilled through the same methods and at the same types of locations.

- Adult Day Health Care Centers, such as Inglewood Adult Day Health Care which provides mental health services, exercise programs, and social services for the elderly.
- Alateens, program for teenage alcoholics.
- APLA.
- Being Alive.
- Bereavement support groups for surviving spouses.
- Cedars-Sinai.
- Daniel's Place, programs for transitional age youth.
- DARE program.
- Didi Hirsch:
    - Suicide prevention and counseling, limited to MediCal clients.
- Emeritus program, provides financial support and computer classes for seniors.
- EXODUS at Brotman Memorial Hospital, offers crisis intervention and referrals.
- Friends of La Brea.
- Gay and Lesbian Center.
- Hollywood Mental Health.
- Individual counseling.
- Jewish Family Service of Los Angeles, provides a peer counseling help-line, support and referral services, and therapy/support groups, and classes for the Iranian community.
- Local support groups.
- MADD.
- NAMI family support.
- Non-profit religious organizations that run seminars and hold community gatherings.
- OAPP.
- Ocean Park Community Center.
- Operation Welcome Home, a Post-traumatic Stress Disorder service for veterans returning from Iraq and Afghanistan.
- Peer programs.
- Planned Parenthood.
- Project Safe Zone, directed towards the lesbian, gay, bisexual, and transgender populations, as well as heterosexuals, to come together and support each other.
- Quality preschools such as St. Johns.
- Racial Harmony.
- Recovery International.
- Regional Centers.
- RSVP, provides volunteer opportunities for seniors.
- School-based mental health programs.
- School-based speakers and workshops on drugs, sex, or gangs.
- Senior Centers.
- SHARE!

- St. John's:
    - MAP (Monetary Assistance Program), only available to people with mental health issues.
- Tarzana Treatment Center.
- The Edelman Center.
- Therapeutic groups.
- Title 5 Program, provides part-time employment for seniors.
- UCLA.
- VA Hospital.
- Venice Family Clinic Counseling Services.
- Volunteers of America.
- WCIL:
    - Peer counseling program.
- Westside Regional Center, a foster care agency.
- Westside Children's Center.
- WISE and Healthy Aging programs.

Needed Early Intervention Services/Resources (Q6a)
All six focus groups identified a number of needed early intervention services and/or resources as reflected by the list below. The needed early intervention services are organized by type of service/resource and listed from the highest to the lowest number of needed services/resources cited under each service/resource type.

Specific Services and Resources

- An Iranian social service center facilitated by culturally competent professionals, providing a wide variety of services such as classes and support groups for youth, families, and adults; mental health and psychiatric services; case management; and legal services in Persian and English.
- Sober living and dual diagnoses houses.
- Integrated substance abuse and mental health treatment.
- Longer-term care (e.g., longer than 6-10 weeks).
- Mobile services.
- PET teams.
- Crisis service and detox beds.
- Psychiatric urgent cares.
- Post Traumatic Stress Disorder Services.
- Low-cost or no-cost youth programs/activities.
- Community programs for seniors.
- Support to those with recent deaths.
- More counseling services.
- Peer counselors.
- Therapeutic groups.

Outreach, Education, and Awareness Services and Resources

- Public education about where to call and to help families understand differences between behavioral issues and mental health.
- Parent education.
- More outreach to teenagers.
- Getting the word out about what resources are available.

- Creation and distribution of literature about what programs and services exist and are available.
- Translation of flyers and pamphlets into Persian that educate the community about available resources.
- Public Service Announcements (PSAs) that air on Iranian TV and radio stations that can educate the public on available resources, as well as address social, legal, and mental health issues.

Services and Resources that Increase Access

- More treatment slots and availability, and therapy coupled with medication.
- More clinical assessment capacity.
- Low-cost services.
- Universal health care.
- Accessible transportation.
- Better transportation programs.
- Culturally competent professionals who speak Persian placed in existing government/non-profit agencies throughout Los Angeles County.

Specific Strategies and Approaches to Service Delivery

- A diversion system for lesser offense juvenile delinquents.
- A new, integrated, dual diagnosis model that takes into account the whole person.
- Referral assistance for seniors.
- Client centered/informed approach with individualized assessments where consumers participate in directing their treatment.
- Competent assessment or diagnosis by a proper individual.

Location-based Services

- School-based clinicians.
- School-based counseling as early as elementary or middle school.
- Street-based services.
- In-home programs.

Funding and Resources

- County and state need to put more funds toward outreach.
- Additional funding to replicate the WISE and Healthy Aging Peer-to-Peer Counseling Program.
- Funding for existing and additional services.

Service Accountability and Oversight

- Oversight for services.

Medication Issues/Management

- Medication management.

Staff and Provider Education and Training

- Trainings for social workers and other service providers utilizing a holistic approach when servicing older adults.
- Professional training on how to deliver cognitive behavior therapy.
- Sensitivity training for providers, especially those who work with persons with disabilities.

System Navigators and Support

- Advocates and system navigators.

Other

- Non-medical County intervention.
- Psychiatrists willing to work with homeless individuals.
- Gang education.
- Employment opportunities for seniors.
- Low income/affordable housing, especially for people with any kind of disability.
- Self-esteem assistance/support for providers who experience their own mental health challenges and stress from servicing distressed community members and consumers.

Priority Early Intervention Services/Resources (Q6b)

When four of the six focus groups were asked to prioritize the needed early intervention services they had cited in response to the prior question, they selected three priority services, as shown in **Table 7**. One of the six focus groups was not asked by the focus group facilitator to prioritize early intervention services, the other focus group felt that all the needed services listed were equally important and was unable to prioritize its list of services. The priorities identified by four of the six groups reflect early intervention services that would:

- Increase access to services by funding service expansion and transportation to services;
- Conduct outreach and education about mental health via the media and target teenagers;
- Train and hire professional staff who are culturally and linguistically competent, as well as sensitive;
- Move toward a client-centered, holistic approach to mental health service delivery;
- Increase access to therapy and counseling services; and,
- Provide low income accessible housing.

An additional priority listed by one of the focus groups was greater clinical assessment capacity. Please note that the priorities listed in **Table 7** are not listed in rank order.

Table 7: Priority Early Intervention Services/Resources (n=4)*

Focus Group	Priority 1	Priority 2	Priority 3
Inglewood Adult Day Health Care	Outreach and education about mental health via the media.	Recruitment and employment of Persian and English speaking professional staff.	No response.
SHARE!	Expanded funding with oversight for mental health services.	More outreach to alcoholics that crosses over communities and age groups.	Increased access to counseling services.
Westside Center for Independent Living	Funding for transportation.	Sensitivity and competency training toward a client-centered approach to assessment and service delivery.	Low income and disability accessible housing.
Westside Shelter and Hunger Coalition	More treatment slots available for therapy coupled with medication.	Services that address PTSD.	Adoption of a new, integrated, dual diagnosis model that takes into account the whole person.

Note: Priorities not listed in rank order

Locations for Early Intervention Services/Resources (Q6c)

Table 8 presents the locations at which focus groups would like to see early intervention services offered. Three of the six focus groups provided locations. The participants of these focus groups suggested similar locations to those suggested for prevention services, with the exception of the addition of Sober Living Houses.

Table 8: Early Intervention Service Locations

Early Intervention Service Locations	Number of Groups (n=3)*
Churches	1
Homes	2
Jails	2
San Fernando Valley	2
Senior Centers	2
Sober Living Houses	2
West Los Angeles	1

* Three focus groups did not provide preferred locations for early intervention services

VIII. Barriers to Service Access and Strategies to Increase Access

Barriers to Service Access (Q7)

Focus group participants were asked "What keeps people from getting the prevention and/or early intervention services they need?" In response, Service Area 5 focus group participants focused largely on various access issues. **Table 9** shows that participants mentioned stigma, transportation and mobility concerns, service costs, service availability, cultural competency of services, how services operate, and a general inability to access services as key barriers to addressing the mental health needs of their communities.

A number of participants considered stigma to be pervasive in their communities. They talked about the shame, fear, and embarrassment that individuals experience in seeking help about mental health issues. One participant noted that the cultural beliefs and fears among community members leads them to believe that others will think that "they are bad" if they try seeking help, and then they will be labeled as such in their neighborhoods.

"Older adults have to face multiple issues such as inadequate transportation services but also mobility issues that hamper the person's ability to take advantage of what scarce resources may be available."

In addition to stigma, issues such as transportation, cost, insurance, and eligibility criteria are other barriers to access. Many consumers have difficulty physically accessing services either due to geographic distance, mobility issues, or costs associated with transportation. Coupled with the inability to get to needed services, consumers often do not have insurance; and, without insurance most cannot afford to seek assistance. Furthermore, the hurdles individuals experience completing paperwork and providing personal information and documents, discourages them from accessing services. Then, if they do meet the eligibility criteria, the frustrations that arise trying to get an appointment, and the lack of professional staff who either speak the language or understand their culture, further discourages them from either continuing with the process or engaging in the service altogether.

Another barrier to access that follows closely with the issues just discussed is lack of knowledge and awareness about mental health -- how it is defined, what are the warning signs, what services are available, and where to find those services. Specifically, participants cited communities' lack of awareness of existing services and resources, the lack of information available to the community about mental health, and the lack of cultural sensitivity in the way that information is shared with different communities.

"Physical health impacts their ability to connect to others, increasing isolation, which in turn can lead to symptoms of anxiety and depression…We need to focus on the connectivity between the physical, economic, and mental health issues as a whole."

From another perspective, the limited cultural competency and experience that providers and their professional staff have to deal with the complex needs of community members in itself is a barrier to access. Focus group participants stated that the high rate of staff turnover and the lack of training on how to deal with multiple presenting issues, some of which may be aggravated by other issues, such as health or social concerns, is currently a challenge.

Other barriers to service access mentioned by focus group participants were:

- The lack of funding and resources to bring the most effective treatments to people.
- Reaching those who lack the personal motivation to seek help or deny that they may be experiencing specific challenges with their mental health.

- Minimal or non-existent support and understanding from family and friends about mental health and illness.
- Interactions between mental health and health concerns that either aggravate or mask mental health symptoms.
- The lack of integrated services.
- Poor treatment, inaccurate diagnoses, and poor communication by mental health providers and staff when servicing consumers.
- Erroneous assumptions on the part of service providers that mental health issues are connected to a disability.

Table 9: Barriers to Service Access

Access Barriers	Number of Mentions
Access Issues	**30**
• Stigma	10
• Geographic Locations/Transportation	7
• Cost/Insurance/Medi-Cal/Eligibility Criteria	6
• Available Services/Capacity	2
• Service Linguistic/Cultural Competency	3
• Service Operations	1
• General Service Access	1
Outreach/Education/Awareness	**4**
• Available Services	2
• General	2
Staff Provider/Education/Training/Recruiting	**4**
Funding and Resources	**3**
Service Engagement/Benefits	**2**
Support System	**2**
Health Care Issues	**1**
Service Integration/Continuity of Care	**1**
Service Quality	**1**
Other	**5**

Strategies to Increase Access (Q8)

As a follow-up to the question about service barriers, focus group participants were asked to discuss the types of strategies that would help people obtain access to the services they needed (see **Table 10**). A number of strategies and approaches to improve service access were identified and covered a range of areas: ways in which service barriers can be addressed; how to improve outreach, education, and awareness; and specific strategies aimed at improving access.

To address service barriers, focus group participants suggested offering low-cost or free services; free transportation to and from services or via low-cost vouchers; recruiting, hiring, and utilizing competent professionals to interface with consumers; and creating more inviting and supportive service environments with available child care services. Simultaneously, focus group participants emphasized the importance of supplying communities with information regarding services and how to access them, as well as training and educating them on how to recognize problematic behaviors. In one focus group the emphasis was on culturally aware, informed, and sensitive outreach. One

participant noted that some public service announcements on depression do not feature anyone who is African American or Hispanic -- everyone is white. Another participant added that there are sex addicts who are Latino, but who do not know that they are addicts because their behavior is culturally acceptable. Participants also expressed the need to begin "normalizing" mental health issues and the services available to address them through outreach, education, and awareness raising efforts.

Specific strategies and approaches to improving access that arose in the focus group discussions included:

- Identifying and administering appropriate mental health assessments and/or screenings in the criminal justice arena;
- Recruiting advocates for the elderly in convalescent facilities;
- Training paraprofessionals to become peer counselors; and,
- Creating a one-stop web-based system for accessing documents on what to do to obtain services as well as for completing paperwork necessary to gain actual access to services.

Other strategies cited by focus group participants revolved around:

- Having enough resources to expand and/or provide services;
- Recruiting and encouraging people from the communities to become mental health professionals;
- Utilizing case managers as coordinators/point persons;
- Strengthening relationships between mental health service provides and health and social service providers;
- Providing universal health care;
- Locating services centrally in communities;
- Improving the school system;
- Formalizing relationships for better coordinated services and collaborations;
- Increasing support for families and communities; and,
- Institutionalizing system navigators.

"We need a formalized process…where we are sharing back and forth. A two-way partnership."

Table 10: Strategies to Increase Access

Strategies to Increase Access	Number of Mentions
Access Issues	**9**
• Service Linguistic/Cultural Competency	2
• Service Operations	2
• Geographic Location/Transportation	4
• Cost/Insurance/Medi-Cal/Eligibility Criteria	1
Outreach/Education/Awareness	**7**
• General	4
• Specific Mediums	1
• Linguistic/Culturally Appropriate Messaging	1
• Messaging	1
Specific Strategies/Approaches	**4**
Funding and Resources	**2**
Staff/Provider Education/Training/Recruiting	**2**
Case Management	**1**
Collaboration/Partnerships/Teams	**1**
Health Care Issues	**1**
Location-based Services	**1**
School Issues	**1**
Service Integration/Continuity of Care	**1**
Support System	**1**
System Support/Assistance/Navigators	**1**
Other	**4**

IX. Recommendations for Informing Communities about PEI

Recommendations

When focus group participants were asked to provide recommendations on how to let people know about prevention and early intervention services, they focused entirely on various means of outreach, education, and awareness (see **Table 11**). Ways of conveying information about prevention and early intervention mental health services were heavily discussed, as were the locations at which the information should be distributed.

Means of reaching out to and raising awareness among community members about mental health prevention and early intervention that received more than one mention included the following:

- Information brochures and flyers;
- Public service announcements;
- Word of mouth;
- Billboards;
- Websites, such as My SPACE;
- Cable, television, or radio;
- Newspapers; and,
- General advertisements.

Individual participants also mentioned other outreach strategies such as advertising on cereal boxes; promoting mental health on giveaway refrigerator magnets; and using children's cartoons or funny and educational internet videos, similar to those that warn of the dangers of smoking marijuana. One focus group participant suggested conducting regularly scheduled focus group sessions to discuss the mental health needs among community members as they arise.

Specific outreach methods discussed in a couple of focus groups involved thematic campaigns or field trips. For example, participants of one focus group suggested conducting an essay contest campaign with school-aged children. The campaign would focus on well-being. Participants from another focus group recommended conducting a media campaign in "To be continued …" type segments in order to engage the public and generate interest in mental health issues. Another focus group proposed community field trips to visit community services such as the Parks and Recreation Centers, Department of Social Services, Department of Mental Health, etc. These field trips would serve as a means of familiarizing community residents with the County and City services available in their neighborhoods.

Specific locations at which outreach and education about mental health might be conducted included those cited in the section on prevention and early intervention service needs (churches, homes, jails, senior centers) as well as a few additional ones:

- Book Stores;
- Dance Recitals;
- Fairs;
- Formal and non-formal social gatherings;
- Leadership and Neighborhood Council Meetings;
- Libraries;
- Music Concerts; and,
- Taxicabs.

Regardless of the outreach, education, or awareness approaches implemented, focus group participants continued to emphasize that the success of any outreach is dependent upon producing culturally sensitive messages in multiple languages.

Table 11: Recommendations for Informing Communities about PEI

Recommendations	Number of Mentions
Outreach/Education/Awareness	**59**
• Specific Mediums	39
• Specific Locations	12
• Specific Outreach	6
• Linguistic/Culturally Appropriate Messaging	2

X. Summary

The Service Area 5 focus groups and their participants represented a cross section of ages, ethnicities, sectors, and services. The majority of participants had not yet participated in the LACDMH PEI Planning Process, and up until the focus group had limited knowledge about it. Nevertheless, participants were well connected to and aware of the mental health issues, needs, services in their communities and offered numerous potential strategies to address them.

The top priority population identified by focus group participants was Underserved cultural populations, which dovetailed well with the identified top mental health need, Disparities in access to mental health services. Correspondingly, stigma and discrimination were predominant barriers to access in the community, and stigma reduction was among the priority mental health prevention and early intervention service needs cited by participants. Other priority prevention and early intervention needs included more outreach and education in multiple languages, cultural sensitivity and competency training for providers, greater access to counseling services, and low income and disability-accessible housing.

Lastly, participants suggested a variety of methods for informing communities about PEI that included using public service announcements on cable, television, or radio; providing information on websites; advertising in newspapers and billboards; and other less traditional means of "normalizing" mental health services. Regardless of the specific type of outreach engaged in, however, participants emphasized that the success of any outreach is dependent on culturally sensitive communication in multiple languages.

APPENDIX A

APPENDIX A: Focus Group Guide

FOCUS GROUP QUESTIONS

Issues	Focus Group Questions
PEI Planning Process	1. Have you or your group taken part in the Los Angeles County Department of Mental Health's (DMH) Prevention and Early Intervention (PEI) planning process? If so, how?
Participants' Organizational Affiliation	These focus groups help us learn more about the types of mental health services and resources that are needed to support the social and emotional well-being in your community and among other groups of people in L.A. County. 2. Which region or area in L.A. County do you represent or will you be talking about in today's discussion? 2a. Of the identified priority populations [*facilitator refers/points to visual aid listing priority populations*], which of these groups of people do you represent?
Community Mental Health Needs	The California State Department of Mental Health said that the Prevention and Early Intervention (PEI) plan should focus on the needs of the following groups: at-risk youth, people who may be at risk of suicide, people who haven't been able to get services, and people who have experienced trauma, stigma and discrimination. 3. What needs are most important to the group of people you represent? *3a. Of the needs that you've listed, which are the top three needs most important to your community?* 4. What do you see happening in your community because of these needs? (what problems are occurring?)
Prevention and Early Intervention Services	As we talked about earlier, there is a difference between prevention and early intervention services [*facilitator refers/points to visual aid defining prevention and early intervention*]. 5. What **prevention** services or resources are currently available in your community or among the group of people you represent? 5a. What **prevention** services or resources are needed? 5b. "O*f the prevention services you've listed, which are the top three needed*. 5c. *Facilitator probes for information on locations for services.*

APPENDIX A: Focus Group Guide

Issues	Focus Group Questions
	6. What **early intervention** services or resources are currently available in your community or among the group of people you represent? 6a. What **early intervention** services or resources are needed? 6b. *Of the early intervention services you've listed, which are the top three needed in your community?* 6c. F*acilitator probes for information on locations for services.* 7. What keeps people from getting the prevention and/or early intervention services they need? 8. What types of things or strategies would help people get the services they need?
Long Range Planning	9. What recommendations do you have for how to let people know about prevention and early intervention services?